Janet T. Mills Governor

Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services Office of MaineCare Services – Delivery System Reform 11 State House Station Augusta, Maine 04333-0011

Toll Free: (866) 796-2463; TTY: Dial 711 (Maine Relay) Fax: (207) 287-3373

Accountable Communities Quality Measures, Performance Year 8 (8/1/2021-7/31/2022)

Measure	Core/Elective/ Monitoring	Measure Definition	Comparison group	
Chronic Conditions	Chronic Conditions			
Controlling High Blood Pressure	Core	Percentage of Members age 18-85 years who had a diagnosis of hypertension and whose blood pressure was adequately controlled, e.g. <140/90 mmHg eCQM (CBP)	Evidence-Based Benchmark	
2. Diabetic Glucose (a) Glucose Poor Control (b) HbA1c Testing	Core	 (a) HbA1c Poor Control: Percentage of Members age 18-75 years with diabetes whose most recent HbA1c level during the measurement year was greater than 9.0% or was missing a result, or if an HbA1c test was not done during the measurement year. (b) HbA1c Testing: Percentage of Members age 18-75 years with diabetes who received an HbA1c test during the measurement year. eCQM (122) 	(a) Evidence-Based Benchmark(b) Maine non-AC practices	
Of the following two measures, the AC Lead Entity will be scored on the measure which reflects better AC performance				
3. Colorectal Cancer Screening	Elective	Assesses adults 50-75 who had appropriate screening for colorectal cancer with any of the following tests: annual fecal occult blood test, flexible sigmoidoscopy every 5	Maine non-AC Practices	

Last Updated: August 30, 2021

Questions? Contact the AC Team at <u>Accountable.CommunitiesDHHS@maine.gov</u>

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		years, colonoscopy every 10 years, computed tomography colonography every 5 years, stool DNA test every 3 years HEDIS (COL)	
4. Use of Spirometry Testing COPD	Elective	Percentage of Members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis. HEDIS (SPR)	Maine non-AC Practices
Behavioral Health			
Of the following three measures, the	AC Lead Entity	must select at least two.	
5. Screening for Depression and Follow-up Plan	Elective	Percentage of patients age 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter eCQM (CMS2v9)	Evidence-Based Benchmark
6. Concurrent Use of Opioids and Benzodiazepines	Elective	Percentage of Members age 18 years and older with concurrent use of prescription opioids and benzodiazepines. CMS Adult Core Set (COB-AD)	Maine non-AC practices
7. Follow-Up after Hospitalization for Mental Illness (a) Children (b) Adults	Elective	(a) <i>Children</i> : Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported. Percentage of discharges for which children receive follow-up within 30 days of discharge; Percentage of discharges for which	Maine non-AC practices

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		children received follow-up within 7 days of discharge. (b) Adults: Percentage of discharges for adults ages 18 and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported. Percentage of discharges for which children receive follow-up within 30 days of discharge; Percentage of discharges for which children received follow-up within 7 days of discharge. HEDIS (FUH-AD, FUH-CH)	
Reproductive and Child Health 8. Child and Adolescent Immunization Status (a) Children (b) Adolescents	Core	 (a) <i>Children</i>: The percentage of children 2 years of age who had Combination 10 vaccines by their second birthday. Combination 10 includes DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, and Influenza vaccinations. CMS Child Core Set (CIS-CH) (b) <i>Adolescents</i>: Adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. CMS Child Core Set (IMA-CH) 	Maine non-AC practices
9. Well-Care Visits (a) Well-Child Visits ages 0-30 months	Core	(a) Well-Child Visits ages 0-30 months: Percent of children with 6 or more well-child visits in the first 15 months and 2 or more visits for children who turned 30 months during the measurement year.	Maine non-AC practices

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(b) Well-Child Visits ages		HEDIS (W30)	
3-21		(b) Well-Child Visits ages 3-21: Percent of members 3-	
		21 years of age who had at least one comprehensive	
		well-care visit with a PCP or an OB/GYN	
		practitioner during the measurement year.	
		HEDIS (AWC)	
10. Lead Screening in Children	Core	Percentage of children 2 years of age who had one or	Maine non-AC practices
		more capillary or venous lead blood test for lead	1
		poisoning by their second birthday.	
		HEDIS (LSC)	
11. Developmental Screening	Core	The Percentage of children screened for risk of	Maine non-AC Practices
		developmental, behavioral, and social delays using a	
		standardized screening tool in the first three years of life.	
		OHSU (DEV)	
Of the following two measures, the	AC Lead Entity w	ill be scored on the measure which reflects better AC perfor	rmance
12. Primary Caries Prevention	Elective	Percentage of children, 6 months-20 years of age, who	Maine non-AC Practices
Intervention as Offered by		received a fluoride varnish application during the	
Primary Care Providers,		measurement period	
including Dentists		CAR (CMS74v10)	
13. Contraceptive Care	Elective	Among women ages 15-44 at risk of unintended	Maine non-AC Practices
		pregnancy, the percentage that: 1. Were provided a most	
		effective or moderately effective FDA-approved method	
		of contraception. 2. Were provided a long-acting	
		reversible method of contraception (LARC).	
		OPA (CCW)	
Avoidable Use		off (com)	
14. Prevention Quality Indicator	Core	Prevention Quality Indicator (PQI) composite of chronic	Maine non-AC practices
#92: Prevention Quality		conditions per 100,000 population, ages 18 years and	1
Chronic Composite		older.	
1		AHRQ (PQI #92)	
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15. Non-emergent ED Use	Core	Members' non-emergent ED visits per 1,000 member	Maine non-AC practices
		months.	
16. Plan- All Cause Readmission	Core	For Members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days HEDIS (PCR)	Maine non-AC practices
Patient Experience			
17. Patient Experience Survey	Core	Consumer Assessment of Healthcare Providers and Systems (CAHPS, child and adult version) or other validated patient experience measure, to be negotiated by the Department and the AC Lead Entity CAHPS	Evidence-Based Benchmark